

Florida Department of Health in
Collier County
Strategic Plan 2017-2019

Published January 2017
Revised January 2018
Updated January 2019



Rick Scott
Governor

Celeste Phillip, MD, MPH
Surgeon General and Secretary of Health

Stephanie Vick, MS, BSN, RN
Administrator, Florida Department of Health in Collier
County

**Florida Department of Health in Collier County
3339 Tamiami Trail East
Naples, FL 34112
<http://collier.floridahealth.gov/>**

**Version 1
Published January 2017**

**Version 2
Published January 2018**

**Version 3
Published January 2019**

**Produced by
The Florida Department of Health in Collier County
Performance Management Council**

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MISSION

To protect, promote, and improve the health of all people in Florida through integrated state, county and community efforts.

VISION

To be the **healthiest state** in the nation.

VALUES

I CARE (Innovation, Collaboration, Accountability, Responsiveness, Excellence)

CULTURE DECLARATION

I am valued and I CARE

GUIDING PRINCIPLES

Florida Department of Health in Collier County (DOH-Collier) is the community representative in issues affecting health. We are dedicated to working with individuals and organizations, both public and private, to create and sustain a healthy environment and to promote physical, mental, and socio-economic well-being for all people. We are accountable for quality services using cost-effective strategies that include joint efforts with other agencies. We are the primary resource for health information and data analysis through state-of-the-art and customer-friendly services. Through a lifelong health education program, DOH-Collier encourages individual choices and public policy decisions that promote good health. Our dedicated professionals address health needs as a team. Staff, resources, and facilities that reflect cultural sensitivity are accessible and equitable at all sites. Staff training and support provide opportunities for personal, professional, and team development. Cross-training, mentoring, and resource libraries strengthen this process. We acknowledge the efforts and contributions of our staff through recognition and a comprehensive employee benefits program.

Introduction and Planning Summary

The strategic plan sets the direction for action at DOH-Collier over a three-year cycle. As part of the performance management (PM) system, it identifies the priority focus areas for the department, and aligns with state and national priorities. The objectives in the plan are regularly monitored to measure progress towards reaching goals. The plan is reviewed and updated regularly to keep up with the ever-changing environment of public health.

The Performance Management Council (PMC) has oversight of the strategic plan and is responsible for the overall performance of the department using the PM system. This council primarily includes the senior leadership team and program managers (Appendix D). Previously, this team was called the Strategy and Performance Improvement Leadership (SPIL) team. The name was changed by the Florida Department of Health central office (DOH, Agency) at the beginning of 2017.

In May 2016, the Governor appointed a new surgeon general to lead DOH. Since that time, the Agency has gone through a process to review and update its strategic priorities and has shifted its priorities slightly, including identification of seven primary focus areas (see **Figure 1**). This change at the agency level, along with new circumstances at the department level, prompted a review and update of the DOH-Collier 2017-2019 Strategic Plan, resulting in the priorities and goals listed in **Figure 2**.

Figure 1: DOH Focus Areas

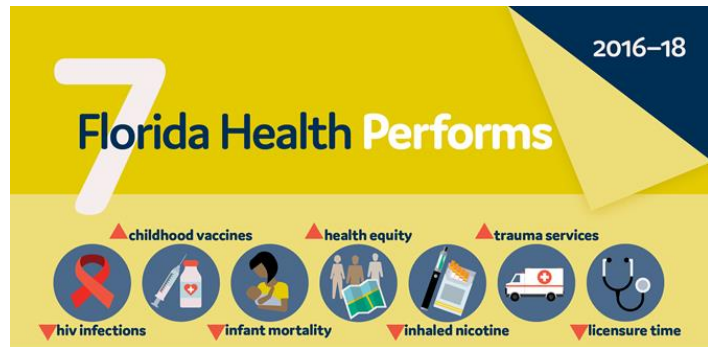




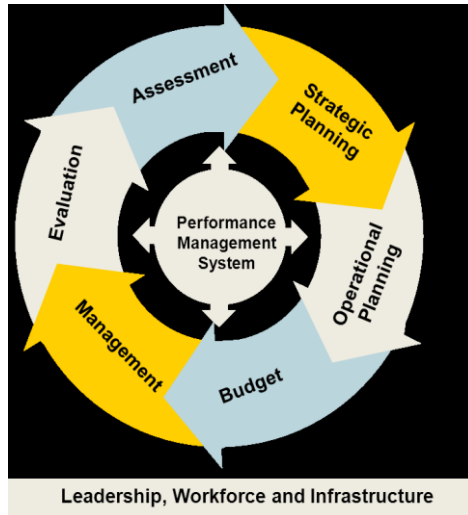
Figure 2: DOH-Collier Strategic Plan Summary

Strategic Priority	Goals
 Health Equity	Reduce infant mortality Increase access to programs and services
 Long, Healthy Life	Increase healthy life expectancy
 Readiness for Emerging Health Threats	Demonstrate readiness for emerging health threats
 Effective Agency Processes	Establish a sustainable infrastructure that supports core business functions Improve two-way communications with stakeholders
 Regulatory Efficiency	Establish regulatory efficiencies that support standards of competency

The updated priorities and goals consequently resulted in changes in strategies and objectives. Specific action plans and overall monitoring of the updated strategic plan begin with calendar year 2018.

DOH Performance Management System

Figure 3: Performance Management (PM) System



DOH-Collier follows the Agency performance management system to set organizational objectives, identify performance indicators, assign responsibility for monitoring progress, and identify areas that require focused quality improvement processes. **Figure 3** provides a visual representation of the key interrelated processes that make up the system.

The **Assessment** phase consists of two primary protocols to determine departmental needs from both internal and external perspectives. The Community Health Assessment (CHA) determines key issues through a collaborative process of collecting and analyzing data. These data are used to educate and mobilize the community, develop priorities, garner resources, and plan actions to improve population health. Other assessments are conducted annually based on requirements to maintain the Agency's accreditation status.

Next, is the **Strategic Planning** phase where departmental priorities are established along with goals, strategies, objectives, and action plans. The Performance Management Council follows an established community health improvement planning process and strategic planning process to produce the Community Health Improvement Plan (CHIP) and the strategic plan.

The **Operational Planning** phase involves planning and assigning required work tasks and resources. In this phase, daily operations are assessed and action plans established to achieve strategic goals and objectives. During the **Budget** phase, resources are allocated and aligned to operational plans and strategic priorities.

In the **Management** phase work is accomplished and progress is measured. The critical components of this phase are monitoring, measuring progress, and implementing improvements. This is achieved through the Quality Improvement Plan (QIP) and the performance scorecard. The PMC meets monthly to review key performance indicators. Lagging indicators suggest opportunities for improvement and are considered as possible quality improvement projects to be included in the QIP.



Selected Opportunities for Improvement are implemented using the Plan, Do, Check, Act cycle.

1. **Plan** what needs to be done
2. **Do** carry out the plan
3. **Check** the results of the plan
4. **Act** by standardizing the improvement or develop a new theory

The last phase of the Performance Management System is **Evaluation**. During this phase progress toward desired outcomes is measured and documented in the annual strategic plan progress report and in other program specific reports. Throughout the Performance Management System, **Leadership, Workforce and Infrastructure** are key to building capacity and doing the work to ensure strategic priorities are achieved and the department's mission is carried out.

Strategic Planning Process

DOH-Collier conducts strategic planning based on the DOH Performance Management system. The PM system is used to determine and prioritize key issues, establish action plans, align resources to implement action plans, and measure and evaluate progress toward desired outcomes. As part of the PM system, the strategic planning process places a focus on the strategic priorities required to carry out the department's mission to protect, promote and improve the health of all people in Collier County. The PMC is primarily responsible for executing the strategic planning process. Figure 4 lists the key steps.

Figure 4: Strategic Planning Process

Strategic Planning Process Three-Year Cycle
1. Set Direction
2. Review Mission, Vision & Values
3. Review State Strategic Plan
4. Review Customer/Partner Needs
5. Conduct Environmental Scan
6. Conduct SWOT Analysis
7. Determine Strategic Priorities
8. Develop SMART Objectives
9. Establish Action Plans
10. Align with Budget
11. Review Plans & Monitor Progress
12. Evaluate Results
13. Conduct annual review
14. Annual updates as needed

The strategic planning process begins with the PMC setting direction based on state and local directives. Next, the state integrated mission, vision and values statements are reviewed for any changes and the DOH strategic plan is reviewed to align strategic priorities. Then, a review of customer and partnership requirements is conducted to address any changing needs.

Every three years, the PMC conducts an environmental scan using data from the Community Health Assessment (CHA) to identify external trends and impacting forces. In addition, a SWOT analysis is performed to identify internal and external factors that may affect strategic directions.

After analyzing the data from this process, the PMC determines strategic priorities for the department. Goals, strategies, and objectives are developed for each strategic priority. They reflect

departmental and community priorities that fall within the broader strategic priorities.

Objectives are measurable, time-framed targets, which are used in the performance scorecard for regular monitoring by the PMC. Program managers and supervisors establish action plans to accomplish each objective. Progress towards action plans is also monitored monthly by the PMC. Annually, the entire plan is reviewed and updates are made as needed to account for changing conditions, customer needs, and public health priorities.

Monitoring and Annual Review

Overall monitoring of plans at DOH-Collier is managed with spreadsheets. Measures from the strategic plan objectives and action plans along with other key performance indicators are monitored in the DOH-Collier Performance Scorecard. The spreadsheet files are managed by the QI Program Consultant and stored on the DOH-Collier Quality Improvement SharePoint site. The monitoring spreadsheets track progress based on time to completion and progress toward measurable objectives.

Each strategic plan objective is assigned to an owner. QI projects are also assigned to owners. Project and objective owners are responsible for creating, monitoring, and

implementing action plans to accomplish their assigned objectives. Each month, one week prior to the PMC meeting, the QI Program Consultant sends a reminder to all owners requesting they provide information necessary to update the status of their projects and objectives on the monitoring spreadsheets.

At the PMC meetings, any objectives or action plans with a lagging indicator are brought forward for discussion. Appropriate actions are assigned to resolve any issues contributing to the lagging indicator and get it back on track. Unanticipated changes in priorities, resources, and opportunities are also addressed at this meeting when they arise.

The strategic plan is updated annually to reflect changes based on accomplishments or impediments throughout the year, shifting priorities, and emerging opportunities or threats. In addition, an annual strategic plan progress report is completed to record and track progress towards reaching the goals and objectives.

Strategic Plan 2017 Update

Throughout 2016, the Strategy and Performance Improvement (SPIL) team reviewed the state integrated mission, vision and values statements for any changes and the DOH strategic plan was reviewed to align strategic priorities. Next, the SPIL team reviewed any changing needs to customer and partnership requirements. An environmental scan (Appendix A) and a strengths, weaknesses, opportunities and threats (SWOT) analysis (Appendix B) were completed. In October 2016, the SPIL team engaged in a two-day strategic planning session. Input and feedback were provided on the existing goals, strategies and measurable objectives. During this planning session, the SPIL team made the determination to adopt the Agency's five strategic priority areas which aligned very well with the department's developed objectives. The five strategic priorities selected at that time were:

- Healthy Moms and Babies
- Long, Healthy Life
- Readiness for Emerging Health Threats
- Effective Agency Processes
- Regulatory Efficiency

In the last quarter of 2016, as DOH-Collier was finishing its strategic planning process, the new surgeon general conducted a review of the Agency strategic plan. This review resulted in a slight shift in strategic priorities for DOH and selection of the seven focus areas.

In addition to the shift in DOH priorities, DOH-Collier received valuable feedback from the Florida Sterling Council after applying for the Governor's Sterling Award in 2016.




During four of the monthly Performance Management Council (PMC—formerly SPIL Team) meetings in 2017, members participated in facilitated break-out group activities to review, discuss, and refine key performance indicators, and then strategic plan objectives. Members were given assignments to complete prior to these sessions that required them to review their current performance measures, identify new or better measures, and assess their strategic priorities.




These processes led to a revised set of priorities, goals, strategies, and objectives which were detailed in the following section of the 2018 Revised version of this document.

Strategic Plan 2018 Update

The process used for the 2018 DOH-Collier strategic plan review and update is described in the Strategic Plan Annual Progress Report for 2018. The resulting list of objectives that will continue through 2019 is presented in the following section of this document.

Priorities, Goals, Strategies, and Objectives Updated for 2019

Strategic Priority	Goal	Strategy	Objective	Target Date	Responsible Unit Owner
1.0. Health Equity 	1.1. Reduce Infant Mortality	1.1.1. Decrease racial disparity in infant mortality	A. Increase the rate of ever breastfed non-Hispanic black infants at the Naples WIC site from 81.70% to 81.90%	December 2019	WIC Williams, Renee
			B. Increase the number of community outreach events to the Black/Haitian population to at least 8 per quarter.	December 2019	Healthy Start West, Laarni
	1.2. Increase access to programs and services	1.2.1. Increase access to clinical services	A. Increase the number of hearing referral cases closed with “Complete” status from 70% to 75%	June 2019	School Health Fundora, Adam
			B. Increase the number of family planning clients by 10%, from 1527 to 1985	June 2019	Family Planning Patterson, Sharon
			C. Increase the number of WIC children treated by DOH-Collier dental staff or volunteers to 10% more than in 2018, from 637 to 701.	December 2019	Dental Parmar, Dr. Kirpal
2.0. Long, Healthy Life  	2.1. Increase healthy life expectancy	2.1.1. Prevent and control infectious diseases	A. Maintain HIV cases retained in care by suppressed viral load at or above 90%	June 2019	HIV/AIDS Proenza, Nilda
			B. Maintain 90% of new HIV cases linked to care within 30 days	June 2019	HIV/AIDS Proenza, Nilda
			C. Maintain TB therapy completion rate at 95% or above	December 2019	Tuberculosis O'Hara, Ann
		2.1.2. Promote tobacco prevention policies	A. Increase multi-unit housing tobacco prevention policies adopted in Collier County from seven to nine or more.	June 2019	Tobacco Garcia, Nina

Strategic Priority	Goal	Strategy	Objective	Target Date	Responsible Unit Owner
3.0. Readiness for Emerging Health Threats 	3.1. Demonstrate readiness for emerging health threats	3.1.1. Promote and implement vaccination strategies (Updated: March 2018)	A. Maintain DOH-Collier 2-year-old vaccination rate at 97% or above	December 2019	Immunizations VanTol, Donna
			B. 65% of DOH-Collier teens complete the HPV vaccine series	December 2019	Immunizations VanTol, Donna
			C. Maintain at least 90% of children in Collier County 2-36 months up to date to state immunization standards	December 2019	Immunizations VanTol, Donna
		3.1.2. Maintain compliance with local, state and federal requirements	A. Conduct and/or participate in annual preparedness exercise(s) within the required timeframe	June 2019	Emergency Preparedness Marr, Kathleen
4.0. Effective Agency Processes 	4.1. Establish a sustainable infrastructure that supports core business functions	4.1.1. Integrate Quality Improvement into the organizational culture	A. All staff participate in annual training on QI and Performance Management	June 2019	CHP Drew, John
		4.1.2. Increase workforce capacity (Updated: March 2018)	A. At least 25% of salaried employees complete professional development training in addition to required training.	June 2019	Administration Vick, Stephanie
	4.2. Improve two-way communications with stakeholders	4.2.1. Consolidate external communications with the community	A. Review and update the system to monitor and track outreach messaging to the community	June 2019	Communications Hollingsworth, Kristine
		4.2.2. Increase opportunities to receive customer feedback	A. Implement a customer feedback system that includes at least four different customer listening methods	June 2019	CHP Drew, John
5.0. Regulatory Efficiency 	5.1. Establish regulatory efficiencies that support standards of competency	5.1.1. Standardize environmental health inspection procedures	A. Crosstrain at least one staff member in each program to be field ready in another program	December 2019	EH VanBlaricom, Rachel
			B. Standardize inspection procedures for 50% of facility types	December 2019	EH VanBlaricom, Rachel
		5.1.2. Improve community regulatory compliance	A. EH will make four outreach presentations to relevant community groups	December 2019	EH VanBlaricom, Rachel

Appendix A: External Trends and Impacting Forces

Community Health Status

Chronic Disease

- Accounts for 70% of all deaths in CC
- Limited funding for prevention education

Mental Health

- 92.7% report good mental health
- Substance abuse greatly impacts need for mental health services

Access to Care

- Core working population age 18-64, 30.7% without insurance
- Primary care providers decreased from 1,474 in 2011 to 1,433 in 2013

Alcohol & Drug Abuse

- NCH had 116,748 emergency room visits. 739 admitted for intoxication and/or drug overdose in 2014
- Portion of residents who engage in heavy or binge drinking was 18.1% for 2013

Obesity

- Contributing factor for 1 out of every 6 deaths
- 20.8% of adults indicated that they were obese in 2013

Forces of Change

- Affordable Care Act
- Growing older population
- Changing family structure
- Concentrated efforts to promote policy change
- Increased use of technology
- More children in poverty
- Lack of mental health facilities
- Prescription opioid abuse
- Medical vs recreational marijuana

Community Themes and Strengths

- Insufficient number of Medicaid beds in nursing homes/assisted living facilities
- Care catered to wealthy
- Use of emergency room for primary care
- Many parks and recreational areas
- Long wait times to get an appointment
- Unhealthy food cheaper and easier to access
- Geographic distributions allow targeted approaches to pockets of need
- Community design is car-centric
- Exposure to tobacco advertisements
- Active community action groups
- Stigma surrounding mental health
- Drinking is a cultural norm

Local Public Health System

- Strength in Investigating & Diagnosing Health Issues
- Effective Implementation of Laws and Regulations
- Empowerment through Education to Targeted Populations
- Expand Mobilization of Effective Strategic Partnerships
- More Partnering with Research & Innovation Institutes
- Assure Competencies of Public Health System Workforce

Strategic Priority Areas

Health Equity
Long, Healthy Life
Readiness for Emerging Health Threats
Effective Agency Processes
Regulatory Efficiency

Appendix B: Strengths, Weaknesses, Opportunities, and Threats

Strengths

- Strong and dedicated staff
- Existing relationships for successful collaborations
- Community partnerships
- Taking care of people's health
- Staff knowledge of local resources for clients
- Cross-trained, multi-tasking staff
- Staff expertise in a variety of Public Health areas
- Outcome driven and QI focused
- Leadership networking with partners
- Diverse and culturally competent workforce
- Interdepartmental teamwork
- Strong incident action planning and management
- High productivity levels
- Embrace technology
- Large county health system to draw on best practices
- Client focused seeking to improve customer service
- Well respected response/preparedness capabilities
- Lack of competition in some of our services

Weaknesses

- Availability of cross trained staff
- Low pay for levels of expertise and education
- Community lack of understanding of Public Health
- Shrinking resources and inability to retain skilled workforce
- Difficulty recruiting and maintaining skilled staff
- Employee turnover
- Decreasing program authority
- Decreased benefits compared to private sector
- Lack of standard data collection system
- Highly regulated, Central office defines regulations and expectations
- Local communication is impeded by limitations at state level
- Limited or controlled CHD access to social media outlets
- Lack of resources to effectively cross-train in specialized programs
- Internal programmatic silos-lack of staff education on Public Health programs










Opportunities

- Enhance partnerships and memorandum of agreements
- Educate the public and policy makers about Public Health
- Educate staff on other Public Health programs
- Emerging Public Health threats increase opportunity for more education
- Integrating QI into day to day performance/operations
- Continue building relationships with PH education systems for recruitment
- Increase community awareness through increased social media presence
- Grant funding
- Enforcing standards and improving performance
- To participate and propose changes to regulations
- Work with community initiatives to increase access to needed services
- Fill need for clinical opportunities lacking in community
- Increase revenue generation
- Expand integration across programs
- Build on community partnerships to empower community

Threats

- Shrinking funding
- Opposition to effective scientifically proven methods
- Strict regulation
- Inability to hire/recruit skilled workforce program areas
- Increased demand on workforce
- Lack of interest or participation of community partners
- Aging population
- Increased need for behavioral health services
- Lack of affordable housing
- Move to population health focus impedes ability to respond to threat
- Potential competing public health threats
- No funding for emerging health threats
- Unfunded mandates
- Increased competition for jobs
- Inability to access social media to get out timely response

Appendix C: Strategic Plan Alignment with DOH focus areas, CHIP, and QI Projects

Florida Department of Health Focus Areas	Strategic Plan Strategies	Community Health Improvement Plan Strategies	QI Projects
 Infant Mortality	1.1.1. Decrease racial disparity in infant mortality.	<ul style="list-style-type: none"> Promote awareness and expand opportunities for breastfeeding. 	<ul style="list-style-type: none"> Increase access and compliance of prenatal care for the Haitian population.
 Health Equity	1.2.1. Increase access to clinical services.		<ul style="list-style-type: none"> Increase Number of DOH-Collier Family Planning Customers
 Health Equity	1.2.2. Increase access to health programs.	<ul style="list-style-type: none"> Increase access to and participation in Kids on the Go running clubs. Increase awareness and participation in health and wellness programs. Expand opportunities to promote health and wellness programs to seniors. Promote positive behavioral health programs and provide opportunities for children and adults to make consistent informed choices to improve health outcomes. 	<ul style="list-style-type: none"> Increase OB provider referral of substance exposed prenatal clients to Healthy Start.
 HIV/AIDS	2.1.1. Prevent and control infectious diseases		<ul style="list-style-type: none"> Reduce time between new HIV diagnosis and linkage into care.
 Inhaled Nicotine	2.1.2. Promote tobacco prevention policies	<ul style="list-style-type: none"> Increase awareness of health related behaviors and outcomes 	<ul style="list-style-type: none"> Increase the number of Smoke Free Condo Policy leads
 Childhood Vaccines	3.1.1. Promote and implement vaccination strategies		<ul style="list-style-type: none"> Improve 2nd Dose Meningitis ACWY, recommended at 16 years old, to 40% of Immokalee clients
 Trauma Services	3.1.2. Maintain compliance with local, state, and federal preparedness requirements.	<ul style="list-style-type: none"> Increase awareness and participation in health and wellness initiatives. 	
 Health Equity	4.1.1. Integrate quality improvement into the organizational culture		<ul style="list-style-type: none"> Establish consistent communication methods for sharing knowledge between individuals and teams, and within the organization.
 Health Equity	5.1.1. Standardize environmental health inspection procedures		<ul style="list-style-type: none"> Improve the percentage of inaccurately documented inspection results of mobile home parks inspected in Collier County Reduce time it takes to accurately document a pool re-opening after it has been closed

Appendix D: Performance Management Council (PMC) Members

Name	Title
Stephanie Vick, MS, BSN, RN	Health Officer, Administrator (PMC Chair)
Judi Graham	Human Resources Director
Alan Portis	Finance & Accounting Director
Rachel Van Blaircom	Environmental Health Director
Kathleen Marr	Preparedness Coordinator
Muhammad Abbasi	Communicable Disease Control & Prevention Director
Jennifer Gomez	Community Health Promotion Director
Mark Lemke	Immokalee Division Director
Cindy Whetsell	Family & Personal Health Director
John Drew	Organizational Planning and Development Program Consultant
Dr. Kirpal Parmar	Dental Program Manager
Reginald Wilson	Healthy Communities Program Manager
Donna Van Tol	Immunizations Program Manager
Nina Garcia	Tobacco Prevention Program Manager
Adam Fundora	School Health Program Manager
Kristine Hollingsworth	Public Information Officer
Selena Lucas	Healthy Start Program Manager
Elizabeth Karam Mehmet	Adult Health Program Manager
Renee Williams	WIC Program Manager
Nilda Proenza	HIV/AIDS Program Manager
Laura Johnson	Vital Statistics Program Manager
Terri Harder	Epidemiology Program Manager
Erika Barraza	EH Manager
Jaime Cook	EH Water Programs Supervisor
Justin Mahon	EH OSTDS Program Supervisor
Robert Hutton	Human Services Program Specialist
Julissa Cuthbert	Health Education Program Consultant
Kirsten Lezama	Health Education Program Consultant
Sharon Patterson	Family Planning Program Consultant
Tonia Figueroa	Senior LPN Immokalee
Patricia Hansen	Nursing Program Specialist
Laarni West	Nursing Program Specialist
Ann O'Hara	Nursing Program Specialist
Alexandrea Tellez-Santoyo	Dental Program Assistant



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3339 Tamiami Trail East
Naples, Florida 34112-4961